



KEEPING TABS

Absolute Pharmacy
is the prescription
for what ails you.

In each quarterly edition, you'll find the latest news about pharmacy, new medications, technology and more – all through the lens of what is pertinent to the long-term care (LTC) industry.

Absolute Pharmacy has been serving the LTC industry since 1994. We're a part of a dynamic circle of care that consists of rehabilitation, home health care services, hospice care and much more. We have a rich perspective, and we're thrilled to share what we've been learning from industry leaders, our employees and our customers – you!

We are confident you'll find the information useful. If you have a suggestion for a topic you'd like to learn about, let us know at maryjo.mcelyea@abshealth.com.

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An Inside Look at mAbs

by Tracy Penrose R.Ph CGP



WATCH OUT: mAbs can now be found in any city, nursing home, or hospital! Not to worry, though; it's a good thing. Short for Monoclonal Antibodies, mAbs are doing wonderful things in medicine.

Monoclonal antibodies are immunoglobulins produced exogenously from a single parent cell. These antibodies are homogenous or clones of the parent cell, in contrast to polyclonal antibodies which are made from different immune cells in the human body. It is possible to produce monoclonal antibodies that bind to almost any substance and can specifically target antigens where immune molecules bind. The therapeutic benefit is targeted drug therapy.

An example is TNF-alpha that causes inflammation in various autoimmune diseases. The mAb, Adalimumab (Humira), binds specifically to TNF-alpha, which inhibits TNF-alpha from binding to its TNF receptor on cells thus decreasing inflammation. (Wouldn't it be nice to decrease the commercials, too?)

The mAbs are easy to recognize by their names (which incidentally don't end in vowels). The International Nonproprietary Names Working Group has developed a naming structure of a prefix, substem A, substem B, and suffix. The prefix must distinguish this med from the others and is the only part that does not follow specific criteria. Substem A specifies the target of the antibody, such as a tumor or viral target. Substem B shows the sequence from which the monoclonal antibody was derived, (i.e., mouse, rat, human, etc.). Lastly, the suffix -mab is common for all monoclonal antibodies, indicating the product contains an immunoglobulin-binding domain for a defined target region.

The substem origins and targets are shown in the table below:

| SUBSTEM A | | SUBSTEM B | |
|-----------|------------------|-----------|--------------------|
| -b (a)- | Bacterial | a | Rat |
| -c (i)- | Cardiovascular | axo | Rat/mouse |
| -f (u)- | Fungal | e | Hamster |
| -k (i)- | Interleukin | i | Primate |
| -l (i)- | Immunomodulation | o | Mouse |
| -n (e)- | Neural | u | Human |
| -s (o)- | Bone | xi | Chimeric* |
| -tox(a)- | Toxin | xizu | Chimeric/humanized |
| -t (u)- | Tumor | zu | Humanized |
| -v (i)- | Viral | | |

**to reduce systemic inflammatory effects, the merging of mouse DNA with human antibodies is used*

This naming scheme may seem complicated, but it can provide much information about the monoclonal antibody. Let's try it on the following:

| Name= | prefix + | substem A + | substem B + | suffix |
|-------------|----------|---------------------|----------------|--------|
| Abciximab | Ab | ci (cardiovascular) | xi (chimeric) | mab |
| Alemtuzumab | Alem | tu (tumor) | zu (humanized) | mab |

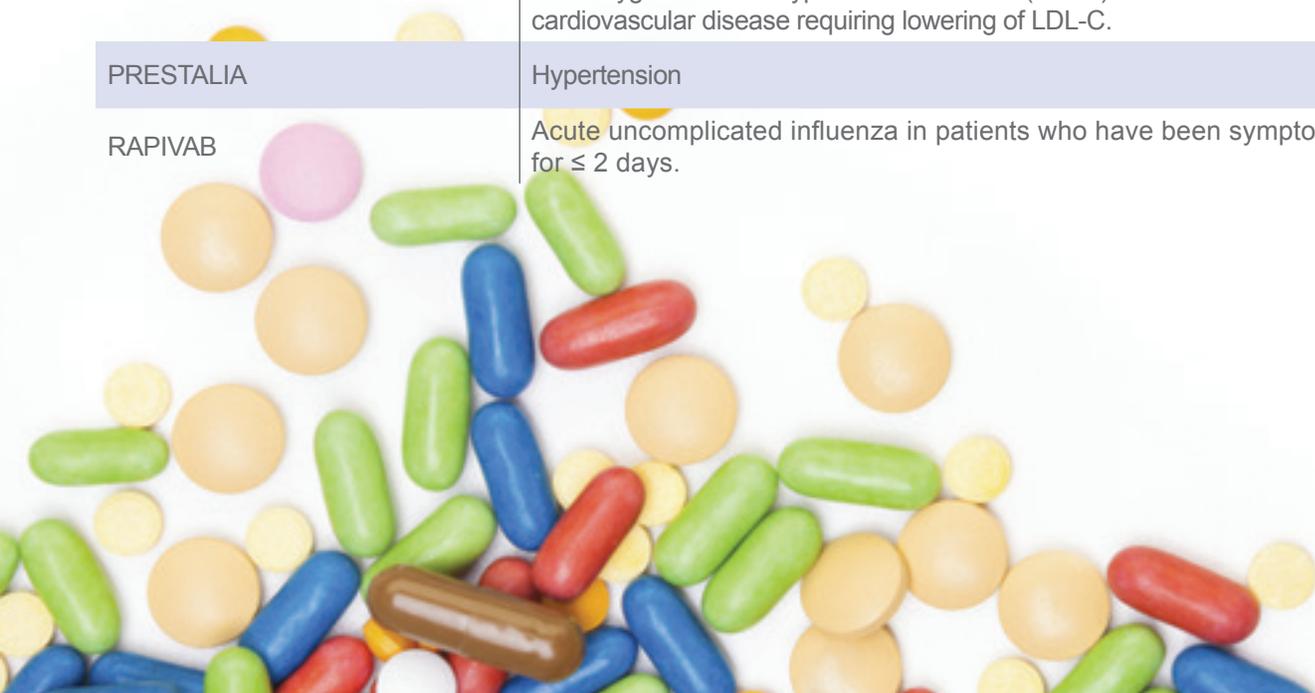
While monoclonal antibodies have promising therapeutic potential, there are some limitations to their use. The production cost is incredibly high due to large amounts of antibody needed to invoke the proper response, along with the purification needed to comply with good manufacturing practice conditions. Also, mAbs are unable to cross the blood/brain barrier due to their large size, which prevents use in neurodegenerative disorders and neuro-oncology. Research is currently being conducted to explore alternative delivery methods to the brain such as intranasal, intrathecal or microsphere use.

As the field of monoclonal antibodies continues to grow, you will now be able to distinguish this specific class of medications from other meds just by reading the name (sometimes the price gives a clue, too). It's an exciting field bringing targeted treatment for autoimmune diseases, antitumor therapy, antiplatelet therapy, multiple sclerosis, and many other life-changing diseases that in the past have been untreatable.

Reference: Fudin J., *Monoclonal Antibodies: How to Navigate the Naming Scheme. PharmTimes. 2015 Aug 24.*

New Drugs Approved in 2015

| DRUG NAME | INDICATION(S) |
|-------------|--|
| ADDYI | Acquired, generalized hypoactive sexual desire disorder (HSDD). |
| ARISTADA | Schizophrenia |
| BELSOMRA | Insomnia characterized by difficulties with sleep onset and/or sleep maintenance. |
| COLCIGEL | Prophylaxis of acute gout flare. |
| DUOPA | Motor fluctuations in advanced Parkinson's disease. |
| ENTRESTO | Reduces risk of cardiovascular death and hospitalization of heart failure in patients with chronic heart failure (NYHA Class II-IV) and reduced ejection fraction; usually given with other therapies in place of ACEI or other ARB. |
| GLYXAMBI | Adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes when treatment with both empagliflozin and linagliptin is appropriate. |
| HYSINGLA ER | Management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. |
| MOVANTIK | Opioid-induced constipation in adults with chronic non-cancer pain. |
| PRALUENT | Adjunct to diet and maximally tolerated statin therapy in adults with heterozygous familial hypercholesterolemia (HeFH) or clinical atherosclerotic cardiovascular disease requiring lowering of LDL-C. |
| PRESTALIA | Hypertension |
| RAPIVAB | Acute uncomplicated influenza in patients who have been symptomatic for ≤ 2 days. |





| DRUG NAME | INDICATION(S) |
|------------------|--|
| REPATHA | Adjunct to diet and maximally tolerated statin therapy in adults with heterozygous familial hypercholesterolemia (HeFH) or clinical atherosclerotic cardiovascular disease requiring lowering of LDL-C. Adjunct to diet and other LDL-lowering therapies in patients with homozygous familial hypercholesterolemia (HoFH) requiring lowering of LDL-C. |
| REXULTI | Adjunct therapy for major depressive disorder (MDD) treatment of schizophrenia. |
| SAVAYSA | To reduce the risk of stroke and systemic embolism (SE) in patients with nonvalvular atrial fibrillation (NVAF). Treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE) following 5-10 days of initial therapy with parenteral anticoagulant. |
| SAXENDA | Adjunct to reduced-calorie diet and increased physical activity for chronic weight management in adults with an initial BMI of ≥ 30 kg/m ² (obese) or ≥ 27 kg/m ² (overweight) in the presence of at least one weight-related comorbid condition (eg, hypertension, T2DM, dyslipidemia.) |
| STIOLTO RESPIMAT | Long-term maintenance treatment of airflow obstruction in patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and/or emphysema. |
| SYNJARDY | Adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus who are not adequately controlled on metformin or empagliflozin regimen or who are already being treated for both. |
| VIBERZI | Irritable bowel syndrome with diarrhea (IBS-D). |
| XIGDUO XR | Adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus when treatment with both dapagliflozin and metformin is appropriate. |
| ZERBAXA | Susceptible complicated intra-abdominal infections in combination with metronidazole and complicated urinary tract infections, including pyelonephritis. |



Absolute Insights

Is Your Facility Using Electronic Medical Records?

by Theresa Cunningham, Customer Service Manager

Here are a few reminders that will help nursing staff with medication orders in an electronic system.

- Make sure all orders are sent to the pharmacy after reconciliation with the physician and entry into the electronic system.
- When the medication is received, verify it matches the order in the electronic system. If there was a therapeutic interchange or formulary change, please update the facility records to reflect the product that was dispensed.
- If an order is discontinued, please make sure to send the discontinue order to the pharmacy as well as removing it from the electronic system. Also, remove the medication from the cart and follow facility policy on destruction/return.
- When using house stock items or over-the-counter products in bulk form, verify the order written by the doctor and make sure the dosage is entered correctly into the electronic system so the strength and dosage are correct based on the order.
- Communicate all order changes with Absolute so profiles are kept current.
- Send allergy updates to Absolute as they are added or deleted from the electronic system.
- OTC facility formulary – all calcium/Vit D orders are interchanged to 600/400 per formulary.

There are multiple medication databases that can be used with an electronic system. If there is any concern regarding the medication options available when entering medication orders, verify with your facility administration the database your electronic system is using.

For any software concerns, please contact your facility administration in charge of the software. If there are clinical questions, please contact Absolute.



Cost Management Tips

by Becky Sommers, R.Ph, V.P. Clinical Services

PROLIA/XGEVA AND NEW ADMITS

Prolia/Xgeva (Denosumab) is a bone-modifying agent often prescribed for **osteoporosis**. It is normally administered subQ once every six months. If administered in a Medicare A skilled stay, the cost is approximately \$1,000. Some Med D plans do cover Prolia/Xgeva with prior authorization in non-Medicare A skilled stays.

Therefore, before ordering Prolia/Xgeva from Absolute Pharmacy on a new admit, it benefits you to **verify the date the last dose was given**. There is no therapeutic advantage if given more frequently than every six months.

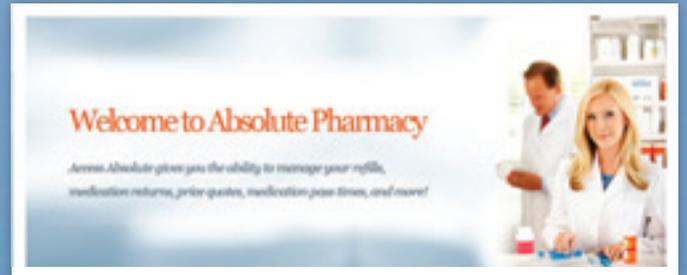
LIDOCAINE PATCHES AND APPROPRIATE DX

Lidocaine patches are commonly used in our practices today. It is important to note that most Med D insurance plans require a diagnosis of post-herpetic neuralgia to approve prior authorization coverage. One patch costs the facility approximately \$15 per day if not covered by Med D. Many patients require more than one patch per day, so please look for or ask if a post-herpetic neuralgia diagnosis is available and accurate.

INSULIN PENS AND THE WEEKLY HIGH COST MEDICATION REPORT

You may have noticed that since we implemented our cost savings initiative with insulin pens, they are now appearing on your high-cost medication with more frequency. This occurs with residents who previously were being dispensed 1x 10cc vial of insulin at a time, whereas now they are receiving a one month's supply (up to five pens [15cc]) per dispensing. Residents whose dose (greater than 30 units per day) required more than one vial per month incurred two prescription copays some months for their insulin. Since we are now dispensing the 3cc insulin pens, we are able to dispense a one month's supply (up to five pens [15cc]) per dispensing, reducing the patient copay to one per month.

Are you using Access Absolute?



Features include:

- Online medication reorder
- Online medication return
- Check order status
- Review pending statements
- Online price quotes
- Clinical reports

Speak to your account manager for additional details and information.

Absolute Insights



Put a Face to a Name: Megan Graebert

1. How long have you worked for Absolute Pharmacy?

A: Six years.

2. What do you do for Absolute Pharmacy?

A: I am the triage services manager, which means I monitor productivity, training and workflow along with various process-improvement initiatives.

3. What do you absolutely love about working for Absolute Pharmacy?

A: I enjoy the ever-changing landscape of the LTC industry. This keeps work fresh and exciting!

4. What's your favorite quote or saying?

A: "If it doesn't challenge you, it doesn't change you."

5. What chore do you absolutely hate doing?

A: Folding and putting away laundry

6. What do you enjoy doing the most?

A: Making things from scratch, whether it's a blanket, a dog toy, a complicated dinner – I love the feeling of satisfaction from starting with a blank slate and having a finished product at the end!

7. If you could be any fictional character, who would you choose?

A: Arya Stark from "Game of Thrones."

8. If you could choose anyone, who would you pick as your mentor?

A: Eleanor Roosevelt.



9. If you could take a vacation anywhere in the world, where would it be?

A: Australia and I actually got to go there last summer! Scuba diving at the Great Barrier Reef was my favorite part!

UPCOMING EVENTS

OHCA CONVENTION

Columbus, OH, **May 2-5**, See us at booths 729 and 731.

OALA SPRING CONFERENCE

Columbus, OH, **May 23**

